

215037241  
60067

State of Nebraska  
Investigator's Motor Vehicle Accident Report

Sheet 1 of 2

1	Total Number of Vehicles	Local No./ District 027	Agency Case No. B5-084162	HIT & RUN? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	L 1
A/1 01	DATE OF ACCIDENT 09/11/2015	M M / D D / Y Y Y Y S M T W T H F S <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>		TIME OF ACCIDENT 1531	STATE USE ONLY	
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 1546	Amended 09/16/2015	
B 72	ROAD ON WHICH ACCIDENT OCCURRED	STREET/ HIGHWAY NO. N. 23rd and W		PRIVATE PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LATITUDE	
C 1	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	ONE-WAY STREET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	LONGITUDE	
D 1	IF AT INTERSECTION		IF NOT AT INTERSECTION			
NAME OF INTERSECTING ROADWAY		N S E W		OF NEAREST STREET, BRIDGE, RAILROAD CROSSING		
N. 23rd and W St						
V1/M 01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN					
V2/M	MILES	N S E W	AND MILES	N S E W	OF NEAREST CITY OR TOWN	
E 2	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
3 4 5 1		05 2 1 1		09 09 1 1		
VEHICLE NO. 1						
F 1	DRIVER LICENSE NO.	G64004258		STATE (Of License)	NE	SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE
V1/N 1	DRIVER	SCOTT A BLAIR		PHONE	402-416-2525	
V2/N	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)	10/13/1960	
4831 N 25TH ST, LINCOLN, NE 68521						V1/1 14
G 2	OWNER	STATE OF NEBRASKA 51		PHONE	402-450-6425	
942 N. 22nd St, Lincoln, NE 68503						V1/2
H 5	LICENSE PLATE	GG	NO. 12942	YEAR (Plate Expires)	STATE (Of Plate)	NE
V1/O 1	VEHICLE	2009	Chevrolet	E15	Full size van	red
V2/O	VEHICLE ID NO. (VIN)	1GCFG15XX91153722		INSURANCE COMPANY	self insured	
TOWED TO		TOWED BY		POLICY NO.		V1/4 14
VEHICLE NO. 2						
I 1	DRIVER LICENSE NO.			STATE (Of License)		SEX <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
V1/P 1	DRIVER			PHONE	LOCAL NO.	
V2/P	DRIVER ADDRESS	CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		
J 01	OWNER			PHONE	LOCAL NO.	
942 N. 22nd St, Lincoln, NE 68503						V2/1
V1/Q 4	LICENSE PLATE	NO.		YEAR (Plate Expires)	STATE (Of Plate)	
V2/Q	VEHICLE	YEAR	MAKE	MODEL	BODY STYLE	COLOR
1GCFG15XX91153722						ESTIMATED DAMAGE <input type="checkbox"/> TOALED \$ 0
K 02	VEHICLE ID NO. (VIN)			INSURANCE COMPANY	self insured	
TOWED TO		TOWED BY		POLICY NO.		V2/2 14
VEHICLE NO. 3						
VEHICLE NO. 4						
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VEHICLE NO. 7						
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VEHICLE NO. 97						
VEHICLE NO. 98						
VEHICLE NO. 99						
VEHICLE NO. 100						

Complete this section for all injured persons (Complete a continuation report, if more than three were injured)				DATE OF BIRTH (MM / DD / YYYY)		1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F
VEH. #	NAME	ADDRESS		10/20/2003		18		10	2	4	M
0	Angel M Luera	2270 W St, Lincoln, NE 68503									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
		BryanLGH Medical Center East (Bryan)		Other							
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME	ADDRESS									
	LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME		EMS RUN REPORT NO.					

**THE FOLLOWING INFORMATION IS REQUIRED FOR ALL ACCIDENTS**

INDICATE BY DIAGRAM WHAT HAPPENED

AGENCY CASE NO.  
**B5-084162**



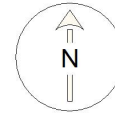
Indicate  
North  
by Arrow

APOI=APPROXIMATE POINT OF IMPACT  
13'8" S OF S CURB OF W  
1' E OF E CURB OF N. 23RD

NO SKIDMARKS

DISTANCES ESTIMATED AS BOTH INJURED NON  
MOTORIST AND VEHICLE LEFT THE SCENE  
PRIOR TO OFFICER ARRIVAL

= INJURED NON MOTORIST



W ST

APOI



*Not To Scale*

**DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION**

Injured non motorist stated he was riding his skateboard WB on the south sidewalk of W ST approaching N. 23rd St. Injured non motorist stated he fell off his skateboard and his foot went into the intersection and was run over by the rear driver side tire of vehicle 1, as it went through the intersection. This caused two broken toes (phalanges) on his right foot. Driver 1 left the scene and parked his vehicle in the parking lot on the SW corner of 23rd and W St. Driver 1 was contacted later at his residence and stated he was unaware Vehicle 1 had struck the pedestrian. Driver 1 admitted he was SB on N. 23rd at W St at approx. 10 mph at 1530 hours. No citations. A video of the accident was tagged into evidence.

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$

WITNESSES	NAME	ADDRESS	PHONE
	NAME	ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA				AIRBAG DEPLOYED VEHICLE 1				RESTRAINT USE VEHICLE 1				TOTAL OCCUPANTS																						
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME				(Enter numbers for each vehicle)																													
1		X			N. 23rd								4				2				<table border="1"> <tr> <th>ALCOHOL TESTING</th> <th>Driver No. 1</th> <th>Driver No. 2</th> <th>Pedestrian</th> </tr> <tr> <td>Y</td> <td></td> <td>Y</td> <td>Y</td> </tr> <tr> <td>ALCOHOL LEVEL TESTED</td> <td>N</td> <td>X</td> <td>N</td> <td>N</td> <td>X</td> </tr> </table>				ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian	Y		Y	Y	ALCOHOL LEVEL TESTED	N	X	N	N	X
ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian																																			
Y		Y	Y																																			
ALCOHOL LEVEL TESTED	N	X	N	N	X																																	
2																																						
1	01	06 Turning left			VEHICLE 1				VEHICLE 2				1 Deployed - front				1 None used - vehicle occupant																					
2		08 Entering traffic lane			POINT OF IMPACT 06				POINT OF IMPACT				2 Deployed - side				2 Lap & shoulder belt used																					
		09 Leaving traffic lane			MOST DAMAGED AREA 00				MOST DAMAGED AREA				3 Deployed - both front/side				3 Shoulder belt only used																					
		10 Parked			00 None				01				4 Lap belt only used				4 Lap belt only used																					
		11 Slowing or stopped in traffic			09 Top & windows				02				5 Child safety seat used				5 Child safety seat used																					
		12 Other			10 Undercarriage				03				6 Child booster seat used				6 Child booster seat used																					
		13 Unknown			11 Total (all areas)				04				7 DOT approved helmet used				7 DOT approved helmet used																					
					12 Other				05				8 Costume helmet used				8 Costume helmet used																					
									06				9 Restraint use unknown				9 Restraint use unknown																					
OFFICER NO. 1621					TROOP/TEAM/BEAT NE					DEPARTMENT Lincoln Police Department					Photographs taken? YES NO																							
INVESTIGATOR NAME (Print or Type) Christopher Schamber					INVESTIGATOR SIGNATURE Approved by Officer Christopher Schamber					DATE OF REPORT 09/16/2015																												